



**CITIZEN POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

Applicant **MUST** be 18 years of age to apply. Incomplete and/or unsigned applications will delay the processing. Please furnish all requested information. Please PRINT or TYPE.

Name: _____ Date: _____

Address: _____ ZIP: _____ PHONE: _____

Date of Birth: _____ Driver's License # _____ State: _____

E-Mail Address: _____ Last four of SSN: _____

(for I.D. purposes) Resident of San Antonio ? _____ How Long ? _____

Race: _____ Occupation: _____

Employer / Business Name: _____

Home Phone: _____ Work Phone: _____

What is your objective for attending the Citizen Police Academy? _____

How did you hear about us? Friend: _____ Other: _____

Do you possess a concealed weapons/firearm permit? _____

List any medical conditions we may need to know about, and name and telephone number of person to contact in case of emergency _____

Have you ever been convicted of a felony or are you currently on probation/parole for any offense? _____

If yes explain _____

If you are accepted as a student in the Citizen Police Academy, you will receive instruction and educational materials related to the law enforcement mission of the San Antonio Police Department. As such, some of the material presented will be of privileged or confidential nature. Due to the sensitivity of this information, it is necessary for the San Antonio Police Department to conduct background checks to determine the suitability of those persons desiring to attend academy classes. Please be sure to have answered all questions as completely and accurately as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if already enrolled, immediate termination. A CRIMINAL HISTORY CHECK WILL BE MADE ON ALL PERSONS APPLYING FOR ENROLLMENT IN THE CITIZEN POLICE ACADEMY.

APPLICANT MUST COMPLETE THE FOLLOWING:

I _____ hereby acknowledge that I have completed the above application completely and accurately to the best of my knowledge. I also acknowledge that the San Antonio Police Department will be conducting a background investigation on me to determine my suitability for admission to this program. Permission is hereby granted to conduct a background investigation based on the information given in this application.

Signature of Applicant _____ Date _____

Please return completed application to:
your nearest San Antonio Police Substation or the Address listed below
SAPD Training Academy, 12200 S.E. Loop 410, SA, TX 78221
For Further Information Contact The Program Coordinator At (210) 207-6262